

SECRET

| REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION (Always handcarry 1 copy of this form) | | DATE |
|--|--|---|
| TO: | CI/Operational Approval and Support Division | FROM: |
| | Security Support Division/Office of Security | |
| SUBJECT: (True name) <i>Maria Lydia DURAN Roche de Llerena</i> | PROJECT <i>MANTEL OUR-110</i> | |
| CRYPTONYM, PSEUDONYM, AKA OR ALIASES <i>KIA-BR-1A/29</i> | CI/OA FILE NO. | |
| | RI 201 FILE NO. <i>205732</i> | |
| | SO FILE NO. | |
| TYPE ACTION REQUESTED | | |
| <input checked="" type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL <i>by 14 July</i> | PROVISIONAL PROPRIETARY APPROVAL | |
| <input checked="" type="checkbox"/> OPERATIONAL APPROVAL | PROPRIETARY APPROVAL | |
| <input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL | COVERT NAME CHECK | |
| <input type="checkbox"/> COVERT SECURITY APPROVAL | SPECIAL INQUIRY (SO field investigation) | |
| COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS | | |
| USE OF INDIVIDUAL OR ACTION REQUESTED | | |
| SPECIFIC AREA OF USE <i>Bolivia</i> | | |
| FULL DETAILS OF USE <i>Will provide information pertaining to activities of the Ministry of Government where she is employed.</i> | | |
| INVESTIGATIVE COVER | | |
| IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION | | |
| IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY | | |
| PRO AND GREEN LIST STATUS | | |
| <input checked="" type="checkbox"/> PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED | | PRO II WILL BE FORWARDED |
| <input checked="" type="checkbox"/> PRO II, OR EQUIVALENT, IN (1) COPY ATTACHED | | GREEN LIST ATTACHED. NO. <i>92985</i> |
| FIELD TRACES | | |
| <input checked="" type="checkbox"/> NO RECORD | | NO INFORMATION OF VALUE |
| DEROGATORY INFORMATION ATTACHED, WITH EVALUATION | | NOT INITIATED (Explanation) |
| WILL BE FORWARDED | | |
| RI TRACES (Derogatory Information and Evaluation Attached) | | |
| NO RECORD | RECORD | <input checked="" type="checkbox"/> NON-DEROGATORY |
| DIVISION TRACES (Derogatory Information and Evaluation Attached) | | |
| NO RECORD | RECORD | <input checked="" type="checkbox"/> NON-DEROGATORY |
| SIGNATURE OF CASE OFFICER <i>03</i> <i>John T. Flynn</i> | | EXTENSION <i>4923</i> |
| | | SIGNATURE OF BRANCH CHIEF <i>JOHN T. FLYNN, Chief, WH/I</i> |